

L18000254512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

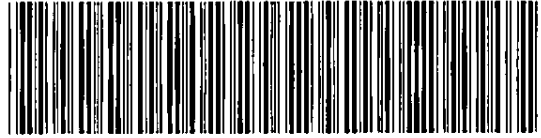
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RIVERS

APR 30 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1301 SE 2nd Ct LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Kotziers'

Name of Person

1301 SE 2nd Ct LLC

Firm/Company

1301 SE 2nd Ct, #1

Address

Ft Lauderdale, FL 33301

City/State and Zip Code

lindakotziers@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Kotziers

954

593-9985

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 1301 SE 2nd Ct LLC

SECOND: The Florida Document Number of the limited liability company is: LI18000254512

THIRD: The street address of the limited liability company's principal office is:

1301 SE 2nd Ct, #1

Ft Lauderdale, FL 33301

The mailing address of the limited liability company's principal office is:

1301 SE 2nd Ct, #1

Ft Lauderdale, FL 33301

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Linda Kotziers

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Linda Kotziers

b. No authority granted to: _____

Linda Kotziers
Signature of authorized representative

Linda Kotziers
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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